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PERSPECTIVE

What Can You Say When You Can't Say Everything?

ABSTRACT **Today's decisions about what and how to communicate about population health occur amid very real fears and expectations of harsh reprisal that have had far-reaching impacts, both for people's health and for the health professions. It is in this context that health researchers must share their findings with the public and policy makers, prevent confusion, and avoid harming groups already facing systemic barriers to health. In every communication context—from research papers to quotes on the nightly news—people must make thoughtful choices about what to say. Communication, therefore, is always an act of selection that requires both a clear purpose and a visible connection to the broader contexts for public health measures. With planning, skill, resources, and adherence to best practices for health communication, even difficult or easily misinterpreted information can be communicated clearly and accessibly while also maintaining accuracy. To build trust and be understood by the public and policy makers, public health researchers and practitioners must clearly, directly, contextually, and descriptively speak to the challenges affecting population health.**

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Health communication is getting a lot of attention these days, and rightly so. Scientists need to communicate clearly with each other, as each new study builds on the last. Researchers and practitioners need to communicate with decision makers and the public so that we can all make informed decisions about policy and personal health alike. Yet in every communication context—from articles published in *Health Affairs* to quotes on the nightly news—people must make choices about what to say, as space, formats, and different informational needs all limit what can be conveyed and received.

The question is: How to decide what to include? What information should be prioritized to best support the public's health? And how should it be expressed?

Alan Gerber and colleagues explore the first question in this issue of *Health Affairs*, having queried policy researchers and practitioners about whether and why they might omit findings when they communicate via "speeches, testimony, podcasts, TV or radio interviews, other communication with journalists, posting on social media, and other forms of oral or written communication to a general audience."[1] More than half of respondents indicated that only in limited circumstances (preventing public confusion, avoiding stigma, and not assisting actors who might use the information to harm populations) would they consider omitting some research findings in these channels.

This study was fielded in the spring of 2025, at an especially fraught time for communicating about health policy research. In January 2025, health research, policy, and government practice were under direct attack, being politicized, chastised, and defunded by the new administration's

executive order[2] establishing the Department of Government Efficiency; in February 2025, the list of federally "banned research words"[3] was released, all of which are used to describe what is needed to ensure that groups harmed by historical and current systems can be healthy. Moreover, the country remains in the wake of polarization and misinformation about COVID-19 and its protective measures.[4] Public health workers report being doxxed, harassed, and physically threatened simply for wanting to ensure that everyone in their communities can enjoy good health.[5] Those needing to communicate for the benefit of population health have been weighed down by this environment.

Yet we still need to communicate about health, even difficult or easily misinterpreted information, clearly and accessibly, without compromising accuracy. That, of course, takes planning, skill, resources, and adherence to best practices for health communication.

So we must start by appreciating that task.

In his 1948 framework, Harold Lasswell described communication as, "Who, says what, in which channel, to whom, with what effect."[6] His definition seeded the communication models and practices applied today, emphasizing the intersections among purpose, audience, and context. This means that communication is always an act of selection: Those communicating must determine what is important now, for which audiences and what purpose, and how audiences will best be reached. One way to organize this set of tasks is by thinking about strategy and framing, each of which requires decision making and assessment of context.

Strategy

Our work demonstrates that before anyone can know what to say, they must know what to do (or what choices are being considered). This means that communication needs to be guided by strategies for improving the public's health.

Within the broader mission of population health, we communicate information in times of risk or emergency, when policy is being considered, to report research findings, for general information, and to inform health behavior (among other situations), all of which require different skill sets, frameworks, and toolboxes. Consistent across these circumstances is that decisions must consider audiences, messengers, messages, and channels for delivering those messages. Given today's brief and fast-moving communication formats, any health communicator will have to select what to convey to ensure that the information they want to share fits the medium. Even the 4,000-word research articles from which such communications are derived will not have included everything; were they to do so, research articles would discuss all of the relevant social, commercial, systemic, and historical determinants of health that have bearing on their topic.

To decide what to include in any given message, then, we have to consider the action we would like that communication to precipitate. That is why we need to know what must be done before we can figure out what needs to be said.

Framing

Framing is both how information is expressed and understood and how it is organized. Cognitive framing describes how human brains process information; media framing describes how typical journalistic choices structure storytelling.[7] Cultural patterns of storytelling have established long-standing, recurring frames that influence how audiences interpret information. Importantly, there is no blank slate: People come to health information with ideas already formed about "how things work, our sense of history, who and what matters, and our relationship to one another and the planet."[8] These ideas have been shaped by the history of who holds power in one's country, who controls the media where the stories are told (for example, news outlets, textbooks, sermons, and entertainment), and who has invested in messengers to tell their stories.

The dominant frames in US culture give primacy to individualism.[9] The structure of storytelling in news, in particular, repeats the idea that if you try hard, you can succeed, while also reinforcing the countervailing frame that if you fail, it is your doing. Health communications of any kind will be heard against this backdrop. This means that if we want audiences to consider broader sets of causes, which is important in preventing stigma and misunderstanding, we need to work to connect those dots.

Research shows that when people see news that features individuals or events in stories without broader context and then are asked what to do about the problem depicted, they will answer in ways that tend to blame the victim.[10] Conversely, when they see stories that include context (for example, a short news story but with the addition of a detail or two about the broader circumstances), then when asked what to do, people will envision societal-level responses as part of the solution.[11] This difference is enormously important for public health, as social and structural determinants of health necessitate social and structural solutions. News stories that reveal the landscape around the usual topic of a news story (a person or an event) help audi-

ences understand the need for public health strategies and can help to avoid stigma.

For example, even news that evokes sympathy, such as a story about an elderly person being evicted by a landlord, can lead to individualized solutions, such as a fundraiser for this tenant or negotiations with their landlord. When the story includes more of the landscape—the laws that make evictions like this possible, the policies that prioritize corporate landlords over tenants, and how they harm the health of individuals and communities—government and public health involvement in housing policy is seen as a viable solution.

Considering strategy and framing together to fashion communication about population health requires both a clear purpose and a visible connection to the landscape to avoid inadvertently activating individualizing frames that obscure the broader contexts for public health measures. Communication itself becomes part of the context: The more consistently we describe the conditions shaping population health, the harder it will be for bad-faith actors to distract people's attention from viable public health solutions. Strategy and framing help communicators decide what to prioritize with the limited space, time, and attention available.

Effectively Communicating About Health

Public health communication needs to be clear, whether the purpose is to help a community evaluate what to do during a wildfire or to encourage people to take precautions in a pandemic. If it sows confusion, the results could be deadly. Communicating to avoid stigmatizing or harming groups is nuanced—even the longest public health books cannot capture all of the reasons for the inequities society faces. The tools on hand to meet these challenges derive from the research on framing and the basics originally described by Lasswell (clarify the purpose, audience, and communications channels), along with well-tested best practices for speaking clearly and building the relationships that foster trust, accountability, and accuracy.

BE CLEAR AND STRAIGHTFORWARD The simplest way to be clear and straightforward is to avoid jargon. Researchers often use technical terms to consolidate meaning in academic literature; those terms need translation for general audiences by using clear, direct, descriptive language to ensure that meaning is not lost in specialized vocabulary. Tangible descriptions explain more than abstract labels: Do not say "furniture" if you can say "chair." Abstract terms such as "social determinants of health" can be made clear to any audience with descriptive language such as "good jobs with dignity," "schools where our children are valued and can learn," and "safe, stable housing." This does not mean eliminating the technical entirely—it means that effective communication will explain it. Data will be connected to context. Presenting data without context, especially on inequities, will trigger attributions of individualism—US culture's dominant frame. Providing the context for statistics every time they are mentioned will ameliorate that problem.

FOSTER TRUST, ACCOUNTABILITY, AND ACCURACY Open communication with trusted messengers can foster trust, but it cannot be an afterthought. Before communicating about population health, practitioners and researchers must assess and address power differentials. Community voices, especially those who are most harmed by systems, are often not included when deciding research questions, determining policy, and designing public health actions. Communication alone cannot fix these historical and ongoing exclusions; community organizing can help ensure that the table of decision makers reflects contributions from the whole community. A more inclusive process does not erase opposition to public health measures, but it does mean that more voices will be prepared to respond if the measures are challenged. When researchers and practitioners develop priorities and communicate about needs, solutions, and approaches in partnership with community members, they will be more accurate about health problems and what needs to be done about them and more effective in creating the changes to ensure that all people are healthy.

Conclusion

Communicating about the complexities of population health is never simple or easy. As public health faces dramatic funding cuts, orchestrated efforts to spread disinformation, and escalating attacks on racial and health equity, how we communicate matters. Today's decisions about what and how to communicate about health must also be fashioned amid the very real fears and expectations of harsh reprisal that have had far-reaching impacts for both people's health and the health professions. It is in this context that health researchers must share their findings with the public and policy makers, prevent confusion, and avoid harming groups already facing systemic barriers to health.

The core of our argument is that all communication, particularly in today's rapid, short-clip media environment, in which audiences often are stacking multiple devices at once, requires

decision making and prioritizing. Even when writing this Perspective, we have been asked to stay under a 2,000-word limit. We do not need to make a trade between protecting people and accuracy, but we do need to know the best practices for communicating effectively.

The important thing is that we raise our voice. Despite the difficulties, we need more communication around population health. Together we need to break through the "spiral of silence," which posits that people are reluctant to voice an opinion if they think they are the only ones who have it.[12] If all public health researchers and practitioners clearly, directly, contextually, and descriptively speak to the challenges affecting population health, these silences will diminish. As our field communicates more effectively and more often, it will be easier for those who agree with the importance of public health to raise their voices, too. ■

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NOTES

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